



# Cambridge Area EMS



## MEMBER INFORMATION AND DRIVER'S LICENSE REVIEW FORM

DATE: \_\_\_\_\_

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
HOME PHONE:		WORK PHONE:	CELL PHONE:	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
EMAIL ADDRESS:				
EMT LICENSE NUMBER (if applicable):		START DATE: (if applicable; see below)		
WISCONSIN DRIVER'S LICENSE NUMBER:				
[NOTE: Any individual not possessing a valid Wisconsin Driver's License will be denied insurability and driving privileges.]				
Role (Please Check <b>Primary Role</b> Only):				
<input type="checkbox"/> Driver Only		<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> AEMT	
		<input type="checkbox"/> EMT-Basic Trainee		
Is this member also a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> <b>BACKGROUND CHECK ONLY</b>				

I (name of applicant), \_\_\_\_\_, authorize Cambridge Area EMS to conduct a driver's license review.

Signature of Applicant	Date
Signature of District Director or Designee	

Return **with copy of WI Driver's License** to: Cambridge Area EMS or e-mail: [director@cambridgeems.org](mailto:director@cambridgeems.org)  
 271 West Main Street  
 PO Box 272  
 Cambridge, WI 53523  
 Fax: 608.423.3211    Voice: 608.423.3511